

AGENCY OVERVIEW

Organizational Overview

The Mental Hygiene Administration (MHA) is the mental health authority for the State of Maryland. MHA is part of the Department of Health and Mental Hygiene (DHMH), a cabinet level secretariat. MHA is responsible for overseeing the delivery of the public mental health services in Maryland and administers all State and federal, including Medicaid funds related to mental health services. MHA's duties also include formulating a State Mental Health Plan for needed services, creating increased information and opportunities for Core Service Agencies (local mental health authorities) to manage and develop their local community mental health systems, and creating monitoring mechanisms to ensure that services provided to consumers are medically necessary, appropriate, and meet required standards and/or contract deliverables.

MHA currently operates five psychiatric hospitals that provide acute intermediate and long term care for adults. One hospital (Springfield Hospital) continues to offer inpatient care for individuals who are deaf or hard of hearing. One facility operates a forensic facility (Clifton T. Perkins Hospital). Additionally, MHA operates two residential treatment facilities for youth known as Regional Institutes for Children and Adolescents (RICAs).

DEPARTMENT OF HEALTH AND MENTAL HYGIENE'S, OFFICE OF BEHAVIORAL HEALTH AND DISABILITIES

MISSION

The Department of Health and Mental Hygiene's Office of Behavioral Health and Disabilities will develop an integrated process for planning, policy, and services to ensure a coordinated quality system of care is available to individuals with behavioral health conditions and developmental disabilities.

MHA'S MISSION

The mission of the Mental Hygiene Administration is to create and manage a coordinated, comprehensive, accessible, culturally sensitive, and age appropriate system of publicly funded services and supports for individuals who have psychiatric disorders and, in conjunction with stakeholders, provide treatment and rehabilitation in order to promote resiliency, health, and recovery.

MHA'S VISION

There will be a comprehensive accessible array of public and private services. These services will help individuals empower themselves to achieve the highest level of participation in community life while striving to achieve his or her full potential.

The vision of our public mental health system is drawn from a statement of fundamental values. The values underpinning this system are:

BASIC PERSONAL RIGHTS

Persons with psychiatric disabilities have the same rights and obligation as other citizens of the State. Consumers have the right to choice, to retain the fullest possible control over their own lives, and to have opportunities to be involved in their communities.

RESPONSIVE SYSTEM

Mental health care must be responsive to the people it serves, coherently organized, and accessible to those who require mental health care. Information must be readily available in order that individuals can appropriately enter and proceed through the system in a timely manner, and the pieces of the system must be linked to allow for continuity of care. The hospital is one part of the community-based mental health system. The mental health system must collaborate with other public and private human health services systems in order to facilitate support with all activities of life.

EMPOWERMENT

Consumers and families will be involved in decision-making processes, individually at the treatment level and collectively in the planning and operation of the mental health system. An array of services and programs must be available to allow for consumer choice in obtaining and using necessary services. Programs and services relevant to and recognizing varying cultural, ethnic and racial needs are imperative.

FAMILY AND COMMUNITY SUPPORT

We must provide families with the assistance they need in order to maintain or enhance the support they give to their family members. We will strive to provide services to persons within their communities with the availability of natural/family supports. A goal of our system is to support care in the community and to encourage communities to manage the care of their residents.

LEAST RESTRICTIVE SETTING

Services should be provided in the least restrictive, most normative, and most appropriate setting. An array of services will be available throughout the State to meet a variety of consumer needs.

WORKING COLLABORATIVELY

Collaboration at the State and local level will promote a consistently acceptable level of mental health services. Collaboration with other agencies will be fostered so support to consumers is inclusive of all activities of life.

EFFECTIVE MANAGEMENT AND ACCOUNTABILITY

We seek a well managed mental health system, which provides services economically. Accountability is essential to consistently provide an acceptable level of mental health services. Essential management functions include monitoring and self-evaluation, rapidly responding to identified weaknesses in the system, and adapting to changing needs and improving technology. We must put the highest priority on measuring consumer satisfaction with the services they receive. Outcome measures will be a key component for evaluating program effectiveness.

LOCAL GOVERNANCE

Local management of resources resulting from the implementation of Core Service Agencies will improve continuity of care, timely provision of needed services, better congruence of services and resources to needs, and increase economic efficiency because of closer proximity to the services delivery level.

STAFF RESOURCES

The presence of a competent and committed staff is essential for the provision of an acceptable level of mental health services. Staff must be provided with adequate support systems and incentives to enable them to focus their efforts on the individuals who receive care from them. Opportunities must be provided for skill enhancement training or retraining as changes in the service system take place.

COMMUNITY EDUCATION

Early identification and prevention activities for risk groups of all ages, public education, and efforts that support families and communities must be incorporated into our service system. Increased acceptance and support for mental health services can only come from increased awareness and understanding of psychiatric disorders and treatment options.

**SECTION A -
EXECUTIVESUMMARY/
PROGRAM NARRATIVE**

SECTION A- PROGRAM NARRATIVE

Executive Summary

1. Organizations to Receive Funds

In Maryland, Projects for Assistance in Transition from Homelessness (PATH) federal funding is awarded to a diverse mixture of agencies. The types of organizations to receive funds include local mental health authorities, case management programs, a community action agency, a shelter, homeless outreach programs, health care agencies, nonprofit mental health agencies, and local detention centers. A detailed table of the organizations to receive funds is included on the next two pages.

2. Service Area (s)

The PATH program will continue to provide funding to all four geographic jurisdictions in Maryland. These regions are Central, Eastern, Southern and Western Maryland. In FFY 2010, Baltimore City and all 23 counties in Maryland will receive PATH funding. The 23 counties are Allegany County, Anne Arundel, Baltimore, Calvert, Caroline, Carroll, Cecil, Charles, Dorchester, Frederick, Garrett, Harford, Howard, Kent, Montgomery, Prince George's, Queen Anne's, Somerset, St. Mary's, Talbot, Washington, Wicomico, and Worcester Counties.

3. Services to be Supported by Federal PATH Funds and match Funds

PATH services supports MHA's mission to create and manage a coordinated, comprehensive, accessible, and culturally sensitive array of services and supports in order to promote resiliency, health and recovery. PATH services also falls within SAMHSA's 2010 Strategic Initiatives by providing housing assistance and services, such as SOAR and case management to reduce the barriers that homeless persons with mental illness and substance use disorders and their families experience when accessing programs that sustain recovery; offers services to our service men and women who are homeless and their families to ensure needed behavioral health services are accessible and outcomes are successful; and supports collection of data and outcomes to show results. PATH supported services will include: outreach, case management, supportive services in residential settings, screening and diagnostic services, community and detention center based mental health services, rehabilitation services, supportive residential services, housing assistance, technical assistance in applying for housing, training, and referral to primary health, job training and educational services.

4. Number of Persons Contacted

Based on the projections provided by the agencies to be supported by Federal PATH funds, 2,402 individuals will be contacted in Federal FY' 2010. Of this number, 1,384 will be literally homeless and 1,018 will be at imminent risk of becoming homeless.

5. Number of Clients to be Served (Enrolled)

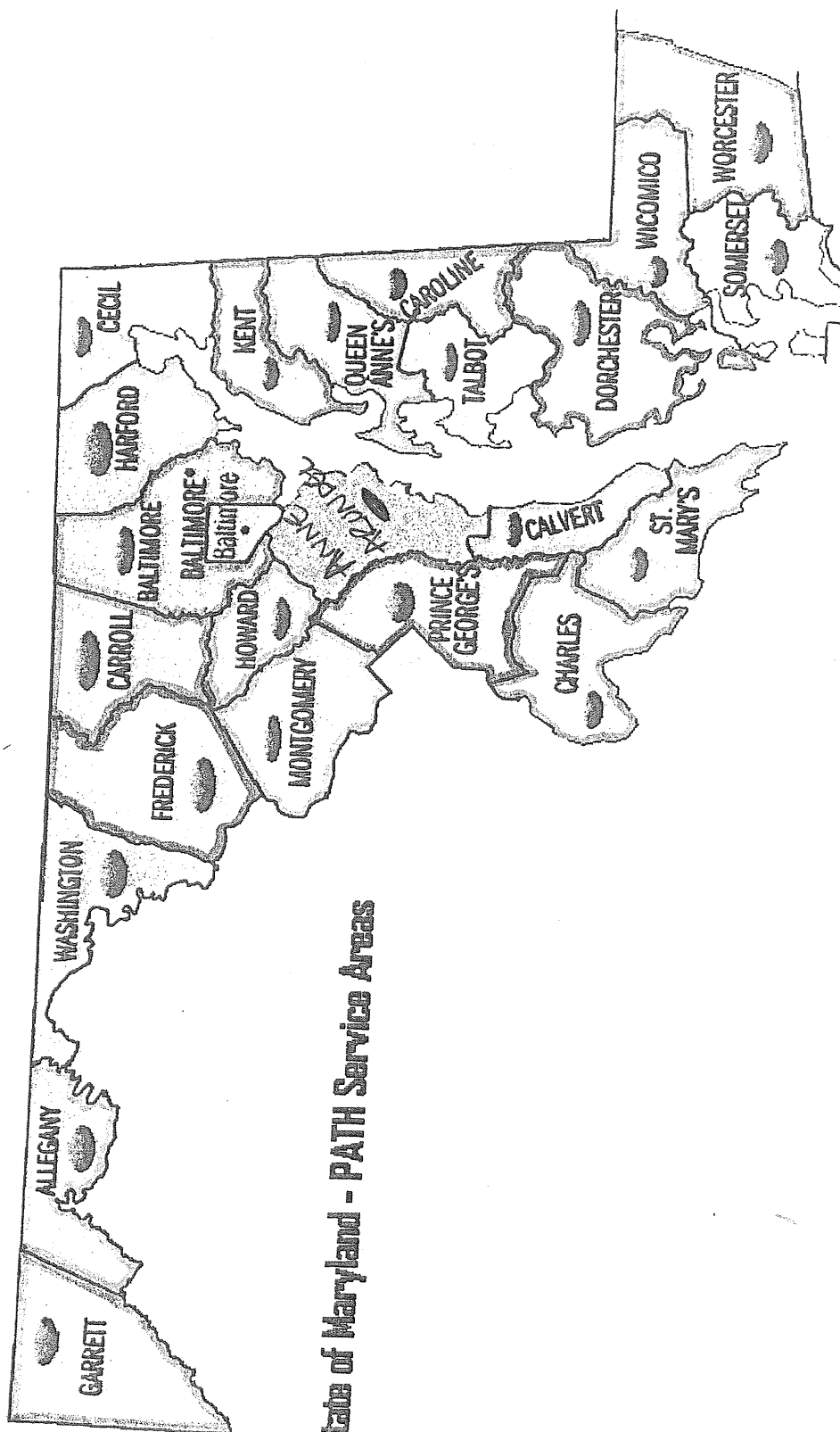
The number of clients to be enrolled in PATH using Federal PATH funds is 2,151.

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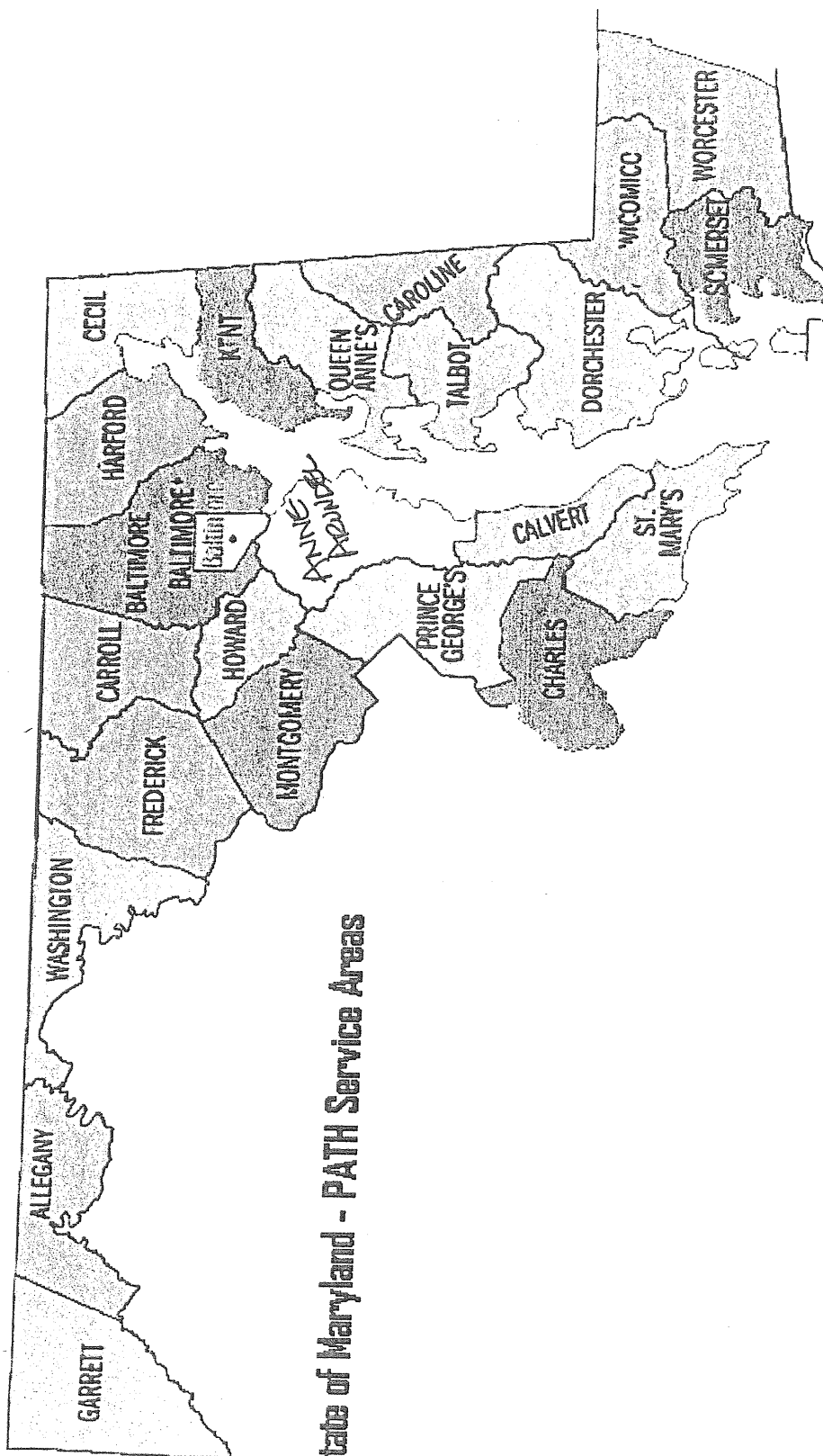
Organizations to Receive PATH Funding			
Service Area	Organization (s) to Receive PATH Funds	Type of Agency	Amount of Funding
Allegany County	<ul style="list-style-type: none"> Allegany County Mental Health Systems 	<ul style="list-style-type: none"> Local Health Department/Mental Health Authority 	\$54,955
Anne Arundel	<ul style="list-style-type: none"> Anne Arundel County Mental Health Agency 	<ul style="list-style-type: none"> Nonprofit Agency/Mental Health Authority 	\$48,100
Baltimore City	<ul style="list-style-type: none"> Baltimore Mental Health Systems University of MD Medical Systems Health Care for the Homeless Chrysalis House Healthy Start Program (Women's Transitional Program) Prisoner's Aid Association LEVEL headed, Inc. 	<ul style="list-style-type: none"> Nonprofit Agency/Mental Health Agency Nonprofit Agency/Mental Health Agency Non profit Agency/Case Management Nonprofit Agency/Health Care Clinic for the Homeless Nonprofit Agency/Health Care Agency Nonprofit Agency/Targeted Case Management Program 	\$335,756
Baltimore County	<ul style="list-style-type: none"> Baltimore County Mental Health Bureau Sub-grantee: Prologue, Inc. 	<ul style="list-style-type: none"> Local Health Department/Mental Health Authority Nonprofit Agency/Homeless Outreach Program 	\$96,200
Calvert County	<ul style="list-style-type: none"> Calvert County Mental Health Bureau 	<ul style="list-style-type: none"> Local Health Department/Mental Health Authority 	\$30,380
Carroll County	<ul style="list-style-type: none"> Carroll County Core Services Agency Sub-grantee: Keystone Targeted Case Management Program 	<ul style="list-style-type: none"> Local Health Department/Mental Health Authority Nonprofit Agency/Targeted Case Management Program 	\$37,000
Cecil County	<ul style="list-style-type: none"> Cecil County Core Service Agency 	<ul style="list-style-type: none"> Local Health Department/Mental Health Authority 	\$5,000
Charles County	<ul style="list-style-type: none"> Charles Count Core Service Agency Sub-grantee: Associated Catholic Charities 	<ul style="list-style-type: none"> Nonprofit Agency/Mental Health Authority For Profit Agency Nonprofit United Way Agency 	\$35,000
Frederick County	<ul style="list-style-type: none"> Frederick County Mental Health Management Sub-grantee: Frederick Community Action 	<ul style="list-style-type: none"> Nonprofit Agency/Mental Health Authority Nonprofit Agency/Community Action Agency 	\$77,400
Garrett County	<ul style="list-style-type: none"> Garrett County Core Service Agency 	<ul style="list-style-type: none"> Local Health Department/Mental Health Authority 	\$24,500
Harford County	<ul style="list-style-type: none"> Harford County Core Service Agency Sub-grantee: Alliance, Inc. 	<ul style="list-style-type: none"> Nonprofit Agency/Mental Health Authority Nonprofit Community Rehabilitation 	\$71,524

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		Program/Targeted Case Management Program	
Howard County	<ul style="list-style-type: none"> Howard County Core Services Agency Sub-grantee: Grassroots Crisis Intervention Center 	<ul style="list-style-type: none"> Nonprofit Agency/Mental Health Authority Nonprofit Agency/Crisis Intervention Center 	\$35,478
Caroline, Dorchester, Kent, Queen Anne's and Talbot Counties	<ul style="list-style-type: none"> Mid-Shore Mental Health Systems, Inc 	<ul style="list-style-type: none"> Nonprofit Agency/Mental Health Authority 	\$52,624
Montgomery County	<ul style="list-style-type: none"> Department of Health and Human Services, Mental Health Authority Sub-grantees: Volunteers of America Montgomery County Detention Center 	<ul style="list-style-type: none"> Local Government/Mental Health Authority Nonprofit Mental Health Agency Local Jail/Detention Center 	\$115,588
Prince George's County	<ul style="list-style-type: none"> Department of Family Services, Mental Authority Division Sub-grantees: Quality Care Internet Behavioral Health Department of Human Resources, Department of Social Services 	<ul style="list-style-type: none"> County Government/Mental Health Authority Nonprofit Mental Health Provider 	\$119,264
Somerset County	<ul style="list-style-type: none"> Wicomico Somerset Regional Core Services Agency 	<ul style="list-style-type: none"> Local Health Department/Mental Health Authority 	\$10,000
St. Mary's County	<ul style="list-style-type: none"> Mental Health Authority of St. Mary's County Sub-grantees: Correctional Mental Health Services Three Oaks Shelter 	<ul style="list-style-type: none"> Nonprofit Agency/Mental Health Authority Nonprofit Correctional Mental Health Agency Nonprofit Shelter 	\$45,950
Washington County	<ul style="list-style-type: none"> Washington County Mental Health Authority Sub-grantee: Turning Point 	<ul style="list-style-type: none"> Nonprofit Agency/Mental Health Authority Nonprofit Psychosocial Rehabilitation Program 	\$37,000
Wicomico County	<ul style="list-style-type: none"> Wicomico Somerset Regional Core Service Agency Sub-grantee: Wicomico County Targeted Case Management Program 	<ul style="list-style-type: none"> Local Health Department/ Mental Health Authority Case Management Program 	\$22,000
Worcester County	<ul style="list-style-type: none"> Worcester County Core Service Agency 	<ul style="list-style-type: none"> Local Health Department/Mental Health Authority 	\$33,281
Total Amount of Funding			\$1,287,000



State of Maryland - PATH Service Areas



State of Maryland - PATH Service Areas

**SECTION B -
STATE LEVEL INFORMATION**

SECTION B – STATE-LEVEL INFORMATION

1. State's Operational Definition of:

a. Homeless individual

The term "homeless individual" is defined as an individual who lacks a fixed, regular, and adequate night time residence; an individual who has a primary night time residence that is a supervised public or privately operated facility that provides temporary living accommodations; and an individual who is residing in places not designed for, or ordinarily used for a regular sleeping accommodation for human beings such as the streets, tunnels, bridges, etc.

b. Imminent risk of becoming homeless

"Imminent risk" is defined as those individuals who are living doubled-up where the individual's name is not on the lease; an individual being evicted within 30 days who does not have a place to move to; an individual in arrears in rent/utility payments; and an individual who is being released from an institution such as a local detention center (jail) and the person lacks housing and necessary supports to obtain housing.

c. Serious Mental Illness

Persons eligible for the PATH Program must be 18 years of age or over. Priority is given to those who have been diagnosed with a serious and persistent mental illness. Serious and persistent mental illness is defined as having DSM IV diagnoses of Schizophrenia, Major Affective Disorders, Bipolar Disorders, Delusional Disorder, Schizotypal and Borderline Personality Disorders, and the disorder is expected to be of long, continued, and indefinite duration.

d. Co-occurring Serious Mental Illness and Substance Use Disorders

Individuals are defined as having co-occurring serious mental illness and substance use disorder if the individual is diagnosed with at least one of the diagnosis listed above under serious mental illness and independently meets the diagnostic criteria for substance use disorder. Substance use is defined as a disease which is characterized by a pattern of pathological use of a drug (or alcohol) with repeated attempts to control the use, and with significant negative consequences in at least one of the following areas of life: medical, legal, financial, or psychosocial.

e. Eligibility

Individuals who are homeless or imminent risk of becoming homeless and have a serious mental illness as defined under section 1c. of this application or have a co-occurring substance use disorder as defined under section 1d. are eligible for PATH.

f. Enrollment

Individuals are considered enrolled in PATH when the PATH eligibility criteria are met and an individual record or file is developed for the individual, including a service plan. An enrolled relationship can be any service, assistance, or provision of resources that the individual is willing to accept or any mutual work that the individual identifies as important.

g. Youth

Individuals who are considered transitional age youth or who are otherwise considered as adults, e.g. emancipated youth, and are homeless or in imminent risk of becoming homeless and have a serious mental illness are eligible for PATH.

2. Indicate the number of homeless individuals with serious mental illnesses by each region or geographic area of the entire state. Indicate how the numbers were derived. Indicate where the providers are located on a map.

On a single night in January 2008, there were 664,414 sheltered and unsheltered homeless persons nationwide. About 58 percent (386,361) were in emergency shelters or transitional housing programs, while 42 percent (278,053) were unsheltered. *Source of this data is the 2008 Annual Homeless Assessment Report to Congress by the U.S. Department of Housing and Urban Development (HUD).*

Obtaining an accurate statewide count of the number of persons who are homeless is difficult. Most of the data collected in Maryland are through the local Homeless Continuum of Care planning process and the State Department of Human Resources Annual Homeless Survey. Currently in Maryland, there is no statewide HMIS data sharing. Homeless data is collected and stored locally in HMIS and does not include participation from many agencies that do not directly receive funds from HUD. Also, Maryland has three separate HMIS software systems that are being utilized.

Within MHA, through collaboration with the Systems Evaluations Center and the Administrative Service Organization for the Public Mental Health Systems, a structure for collecting and reporting outcomes has been implemented for several years. The statewide implementation of the Outcomes Measurement System (OMS) in the outpatient system has been a significant achievement. In FY 2009, MHA asked outpatient mental health centers (OMHC) the following information pertaining to homelessness.

- *Have you been homeless at all in the past 6 months?*

The results were as follow for FY 2009:

Based on the responses of 32,138 adults being served through OMHC's

- 15.3% (4,928) answered yes to being homelessness in the past 6 months

- 84.7% (27,210) reported they were not homeless in the past 6 months.

Data from the State's Alcohol and Drug Abuse Administration indicate treatment was provided to 66,433 individuals in State FY 2009. Of this amount, 4,098 were homeless (6.2%). For a breakdown on the number of individuals who were homeless and receiving substance abuse treatment services by jurisdiction, please refer to the following chart:

Treated in Programs Funded by the Maryland Alcohol and Drug Abuse Administration Fiscal Year 2009				
Jurisdiction	Patients Treated			Total ADAA Funds
	Total	Homeless		
		#	%	
Allegany	1836	42	2.3	\$5,673,446
Anne Arundel	6840	198	2.9	\$5,435,059
Baltimore County	4737	202	4.3	\$8,057,614
Calvert	1527	28	1.8	\$993,964
Caroline	370	3	0.8	\$670,786
Carroll	1431	79	5.5	\$3,976,616
Cecil	820	12	1.5	\$1,527,716
Charles	1640	34	2.1	\$2,425,926
Dorchester	2540	389	15.3	\$2,067,168
Frederick	1880	95	5.1	\$2,593,117
Garrett	480	16	3.3	\$837,231
Harford	1137	25	2.2	\$2,388,989
Howard	812	18	2.2	\$1,882,184
Kent	942	36	3.8	\$2,087,369
Montgomery	4428	1098	24.8	\$4,891,023
Prince George's	3804	114	3.0	\$11,892,190
Queen Anne's	735	15	2.0	\$852,867
St. Mary's	1848	134	7.3	\$3,393,879
Somerset	545	4	0.7	\$1,144,821
Talbot	628	1	0.2	\$964,870
Washington	1897	28	1.5	\$3,810,134
Wicomico	1235	27	2.2	\$2,293,606
Worcester	2114	197	9.3	\$3,380,339
Baltimore City	22207	1303	5.9	\$52,578,281
Total	66433	4098	6.2	\$125,819,195

Although, this information provides a small snapshot of the number of homeless receiving treatment services, this information does not provide a count of the number of persons who are homeless in Maryland. Therefore as in previous years, the Mental Hygiene Administration will rely on the data collected by the State Department of Human Resources (DHR).

DHR gathers and reports information only on people who have stayed in emergency shelters, transitional housing programs or who have received emergency motel placements. The data reflects the extent of shelter services provided to people who are homeless as reported by emergency shelter and transitional housing providers on a "Homelessness Services Survey" form. The data in DHR's report does not include an absolute count of the number of homeless people in Maryland.

Jurisdictions with no formal shelter system or incomplete information about local shelter programs, may report fewer homeless people receiving services than is actually the case. On the survey, shelter providers are asked to provide an unduplicated count of the number of people provided shelter. However, people who stay in more than one shelter during the fiscal year are counted by each shelter and the extent of duplication is unknown. In DHR's report, people are considered homeless if they received overnight shelter in an emergency shelter, motel, or transitional facility. This report does not acknowledge the existence of people who are living in overcrowded or unsuitable housing, those who do not access needed shelter, and those served in drop in centers.

According to DHR's FY 2008 Annual Homeless Report, there were 37,955 persons served in Maryland's homeless shelters. This is a 3.5% increase from FY 2007 which 36,599 persons were served in shelters. There were 27,469 people served in emergency shelters, 5,910 served in transitional housing, 4,576 served through motel placements

In estimating the number of persons with mental illnesses who are homeless in Maryland, MHA is relying on estimates based on information on SAMHSA's website (<http://mentalhealth.samhsa.gov/publications/allpubs/homelessness>).

The report referenced at this website reports that among individuals experiencing homelessness: 39% report some form of mental health problem and 20% to 25% meet criteria for serious mental illnesses. Based on this data, it is estimated that there are 9,492 homeless sheltered persons who have a mental illness in Maryland.

SHELTERED HOMELESS

Geographic Area	Persons Homeless and Mentally Ill (25%)	DHR FY ' 2008 Annual Report	Percentage of State
Allegany County	79	314	0.8
Anne Arundel	365	1458	3.8
Baltimore City	3,906	15,624	41.2
Baltimore County	664	2,656	7.0
Calvert County	65	259	0.7
Caroline County	11	42	0.1
Carroll County	218	873	2.3
Cecil County	260	1,040	2.7
Charles County	128	511	1.3
Dorchester County	20	79	0.2
Frederick County	371	1484	3.9
Garrett County	46	182	0.5
Harford County	260	1,041	2.7
Howard County	157	628	1.7
Kent County	21	83	0.2
Montgomery County	1076	4,303	11.3
Prince George's Co.	514	2,054	5.4
Queen Anne's Co.	5	20	0.1
St. Mary's County	131	525	1.4
Somerset County	7	27	0.1
Talbot County	10	39	0.1
Washington County	620	2,479	6.5
Wicomico County	451	1,805	4.8
Worcester County	107	429	1.1
TOTAL	9,492	37,955	100%

* Persons homeless and have a mental illness is based on SAMHSA's estimates

3. Describe how PATH funds are allocated to areas and providers with the greatest number of individuals who are homeless with serious mental illnesses, (e.g. through annual competitions, distribution by formula, or other means) including:

a. How the allocation is related to the need for services described in B2 above.

PATH funds are allocated to areas and local providers based on an annual competitive process. Applications are solicited from Core Service Agencies, PATH-funded providers, and other interested agencies. Areas which have the greatest need based on the number of persons homeless are given highest priority for funding. Areas with the greatest need typically receive funding for two or more full-time equivalent PATH staff positions. For those jurisdictions with a low homeless population, PATH awards generally do not exceed one full-time PATH staff position. In addition to need, applications are evaluated based on the following: 1) Will PATH services fill gaps in service that are not readily available or included in the public mental health system such as outreach, engagement, and housing assistance? 2) Are PATH services being targeted to those individuals who are literally homeless and who were previously unknown to or not currently engaged in the mental health system? 3) What is the PATH providers experience with meeting the needs of homeless persons with special needs, i.e. will the provider provide "in reach" to those who are incarcerated in local detention centers; those with a history of trauma; those with co-occurring substance use disorders? and 4) Will PATH services be coordinated with other Federal, State, and locally-funded programs such as the HUD Continuum of Care and MHA's Maryland Community Criminal Justice Treatment Program.

Other factors include: the provider's history of complying with federal and state guidelines and quarterly reporting, and the provider's demonstrated effectiveness in serving veterans.

Last year, Maryland was allocated an additional \$140,000 in PATH funding. Priority for the increase in PATH funding was given to the two SOAR pilot sites in an effort to move forward this initiative in Maryland. This year the \$115,000 increase in PATH funding will be awarded to two sites, which incorporates SOAR within their PATH Program. One of the two new positions being added this year includes a position in a new PATH jurisdiction, Anne Arundel County.

b. How the State gives special consideration in awarding PATH funds to entities with a demonstrated effectiveness in serving homeless veterans.

All MHA services are available to veterans who are Medicaid eligible or uninsured, including PATH funded programs. In regards to the awarding of PATH funds, MHA reviews data from PATH Annual Progress Reports to determine which providers are serving veterans. Several PATH Programs also receive funding from the Veterans Administration to serve the homeless. Consideration for increases in funding is

given to those areas which have demonstrated effectiveness in serving veterans through PATH funds or other resources.

The Department of Health and Mental Hygiene (DHMH) also administers the Maryland Commitment to Veterans Initiative. The Maryland Commitment to Veterans Initiative was established by Senate Bill 210 in 2008 in an effort to keep combat veterans and their families from falling through the many cracks in the current VA health system. Through this initiative four Regional Resource Coordinators work with veterans and family members to access services, either through the U.S. VA system or with a private provider until VA services can be obtained. These services include: crisis services and emergency services, substance abuse, individual, family and group counseling, and providing local, state and federal resource information and contacts. These Regional Resource Coordinators work in areas where PATH funded services are delivered and work in collaboration with PATH funded service providers to access services for veterans.

4. Indicate how the services to be provided using PATH funds are consistent with the State comprehensive mental health services plan.

The services to be provided with PATH funds are coordinated with the State Plan for Comprehensive Community Mental Health Services and the local Core Service Agencies Mental Health Plans. The Director of the Office of Special Needs Populations, who supervises the State PATH Contact and serves as the alternate State PATH Contact, works collaboratively with the Office of Planning at MHA to develop goals and strategies which incorporate outreach and mental health services for individuals who are homeless and have a serious mental illness. The Director of the Office of Special Needs Populations or a designated representative from the Office participates in focus groups and planning meetings to develop the State's Comprehensive Mental Health Plan.

5. Indicate how the services to be provided using PATH funds are consistent with the State Plan to End Homelessness.

DHMH's, former Special Assistant to the Secretary, as well as the Director of MHA's Office of Special Needs Populations and PATH funded providers were apart of the development of the State's Plan to End Homelessness in 2005.

Currently, PATH funded services are consistent with the State's 10 Year Plan to End Homelessness. The following PATH services are consistent with the State's 10 year plan:

- Providing in reach to jails and shelters
- Outreach in the streets in places where homeless persons congregate
- Training to shelters
- Housing assistance such as one time only rental assistance to prevent homelessness and transition services to link people to housing
- SSI/SSDI outreach (SOAR)

- Job training or supported employment
- Linkages to supportive services

6. Indicate whether (a) mental health block grant, (b) substance abuse block grant, or (c) general revenue funds are designated for serving people who are homeless and have serious mental illnesses.

MHA currently designates Mental Health Block Grant (MHBG) funding for services to individuals who are homeless and have a serious mental illness. MHBG funding is used to provide outreach, assertive community treatment, case management, supportive services to individuals in HUD Shelter Plus Care and Supportive Housing, transitional housing services, emergency housing, transportation and crisis intervention. Funding under the MHBG is awarded to six of the counties that also receive PATH funding. The areas included are Baltimore City and Anne Arundel, Montgomery, Prince George's, St. Mary's and Washington Counties.

The state provides \$2,846,447 in State General funds to support the PATH Program and services targeted to individuals who are homeless and have a serious mental illness and \$957,607 as a local match. MHA also provides \$4.5 million annually in Shelter Plus Care Housing funding to local mental health authorities through twenty-two grants from the Department of Housing and Urban Development. The Shelter Plus Care Housing Program provides tenant and sponsor-based rental assistance to homeless individuals who have a serious mental illness and their families. Fifty percent (50%) of the units under MHA's Shelter Plus Care Housing Program are designated for homeless individuals who are criminal justice involved and have a mental illness.

The Department of Health and Mental Hygiene's Alcohol and Drug Abuse Administration provides \$134,303,724 in Substance Abuse Block Grant and State General Funds for treatment services. Through this funding 66,441 persons were treated. Of this amount 4,099 or 6.2% were homeless. Individuals who were homeless receive treatment services in every jurisdiction in Maryland.

The Department of Health and Mental Hygiene's AIDS Administration receives federal funding for several programs targeting homeless individuals. The Administration receives a grant from the U.S. Housing and Urban Development's Housing Opportunities for People with AIDS to provide housing assistance and support to maintain individuals in HIV care. In addition, the Social Security Administration provides funds for HIV Ambulatory Medical Care and for HIV Outreach to achieve enrollment in healthcare programs.

The Maryland Community Health Resources Commission has awarded 63 grants totaling over \$20.5 Million for primary care services, dental health, mental health and substance abuse treatment, and school based health centers. These multi-year projects are estimated to serve nearly 54,455 Maryland residents by the time grant funding for each project ends. While these agencies and the funded projects serve the homeless as part of

their overall caseload, none of the Commission's grants have specifically focused on homelessness.

Funding is also provided through other state agencies outside of the umbrella of DHMH such as the Department of Human Resources. The Department of Human Resources has programs which support shelter facilities and operations. However, these programs are not targeted to those who have a mental illness or substance use disorders. These programs are the Emergency Shelter Grant (ESG) the Transitional and Shelter Program, and the Rental Assistance Program which help maintain people in housing.

7. Describe how the State will provide programmatic and financial oversight of the PATH-supported providers, such as site visits, evaluation of performance goals, audits, and so forth. In cases where the State provides funds through intermediary organizations (e.g. county agencies or regional behavioral health authorities), describe how these organizations conduct monitoring of the use of PATH-eligible services.

The State PATH Director or designee will provide programmatic oversight of the program. Programmatic oversight will consist of monitoring fiscal expenditures, monitoring data provided through quarterly reports from PATH providers, technical assistance provided through quarterly meetings with providers, and site visits. Site visits are conducted at many different levels. The State PATH Director and the Director of the Office of Special Needs Populations conduct site visits to several Core Service Agency and PATH providers annually in FFY 10. The site visit consist of reviewing a sample of the clients files, reviewing the intended use plan and annual progress reports, reviewing fiscal expenditures, and may include reviewing consumer satisfaction reports or meeting with PATH clients. MHA's Office of Contracts Management also conducts quarterly site visits to monitor the CSA's performance in providing local oversight and delivery of contracts for services as agreed upon through their contracts with MHA.

PATH funds will be disbursed to the Core Service Agencies (CSA') quarterly upon submission of a financial status report. Fiscal reporting and distribution of funding will be conducted by MHA's Office of Finance and Procurement.

The CSA's also conduct site visits of the direct service PATH provider either quarterly, semi-annually or annually. If there are concerns with performance or if technical assistance is needed, MHA is notified by the CSA.

8. Indicate whether the State provides, pays for, or otherwise supports training for local PATH-funded staff.

MHA provides state general funds to support statewide training for mental health providers, which includes providers of PATH services. In addition a portion of Baltimore Mental Health Systems PATH funding is targeted for training for PATH staff delivering services to PATH eligible clients. In addition to formal training, MHA have

quarterly meetings with PATH providers to discuss clinical and programmatic issues and to provide an opportunity for information sharing between local providers.

In FFY 2009, MHA sponsored several trainings including an annual conference on May 4, 2010, a suicide conference, an adult services conference, and a child and adolescents conference. Through MHA's Office of Special Needs Populations, three 2-day Stepping Stones to Recovery SOAR trainings were provided in collaboration with the University of Maryland Training Center using state general funding and PATH funding. On Monday, July 27, 2009 and Tuesday, July 28, 2009 a 2-day SOAR training was provided in Baltimore City at the University of Maryland School of Social Work; on Wednesday, September 16, 2009 and Thursday, September 17, 2009 a 2-day SOAR training was provided at the Prince George's County Department of Social Services; on Wednesday, December 9, 2009 and Thursday, December 10, 2009 a 2-day SOAR training was provided in Jessup at the Office of Special Needs Populations, specifically for PATH providers. These SOAR trainings provided an in-depth, step by step explanation of the SSI/SSDI application and disability determination process and provided strategies for case managers working with homeless persons with serious mental illness and co-occurring substance use disorder to successfully access SSI/SSDI benefits. A total of 97 people were trained through these three 2-day trainings.

In addition to SOAR, the Office of Special Needs Populations/Behavioral Health Disaster Services (BHDS), in collaboration with the Office of Consumer Affairs, provided 3 regional disaster preparedness seminars in April 2010. The training seminars addressed, among other things, consumer questions and concerns as expressed in a recent survey to On Our Own chapters across Maryland. Each regional session was three hours in length and was designed to promote audience participation and to generate sustainable action plans for Wellness & Recovery Centers with regard to disaster preparedness, response, recovery and mitigation. Agencies who attended included Wellness and Recovery Center directors, board members and consumers, local NAMI representatives and Core Service Agency (CSA) personnel. A total of 54 individuals attended and are now able to provide local trainings to staff and consumers. These trainings were held on April 8, 2010 in the Eastern Shore region, April 12, 2010 in the Western region, and on April 21, 2010 in the Southern region.

Upcoming trainings in FFY 09 through MHA's Office of Special Needs Populations include training for trauma specialist on the Trauma, Addictions, Mental Health, and Recovery (TAMAR) treatment model on Friday, June 18, 2010 at the Thirteenth Annual Symposium on Mental Health and the Law at the Ramada Inn-BWI. Two additional 2-day SOAR trainings are scheduled on Monday, June 14, 2010 and Wednesday, June 16, 2010 at the Anne Arundel County Health Department for case managers, health department staff, and other human service providers and on Monday, June 21, 2010 and Tuesday, June 22, 2010 at the Eastern Shore State Hospital for the case managers and homeless service providers working in the lower shore counties and hospital social work staff.

Another essential task which supports the trainings, includes technical assistance to counties with implementing SOAR and incorporating SOAR critical components into existing PATH services. With technical assistance from the National SOAR Technical Assistance Center at Policy Research Associates, the Director of the Office of Special Needs Populations (SOAR Team Leader for MD) met with Anne Arundel County, Baltimore County, Frederick County, eight of the Eastern Shore counties which consist of: Caroline, Dorchester, Kent, Queen Anne, Somerset, Talbot, Wicomico, and Worcester; and Montgomery County to implement a SOAR initiative in their local jurisdictions. In November 2009, Anne Arundel County launched their SOAR initiative.

MHA's Office of Special Needs Populations will continue to meet with other jurisdictions to expand SOAR statewide during FFY 2010. In addition, MHA's Office of Special Needs Populations will be meeting with Carroll County Core Service Agency (CSA) and several providers that serve persons who are homeless to develop a SOAR work plan and to implement the SOAR initiative in Carroll County. Additionally, MHA was approved to send its SOAR Data and Evaluation Consultant to an upcoming 4-day SOAR Train-the-Trainer Program in Tampa, Florida on May 24, 2010 – May, 27, 2010. Also, on March 8, 2010 – March 11, 2010, MHA was provided the opportunity to send a representative from Anne Arundel County Core Service Agency to a 4-day Train-the-Trainer Program sponsored by Policy Research Associates through a grant from SAMHSA.

In FFY 2010, MHA's Office of Special Needs Populations will continue to support and provide several trainings for case managers, homeless service providers, and mental health staff working through state and PATH funding.

9. Describe the source of the required matching non-Federal contributions and provide assurances that these contributions will be available at the beginning of the grant period. Matching in-kind funds may be used only to support PATH-eligible services.

The source of the required matching non-Federal contributions are State General Funds. In addition to State funding, \$957,607 in local funding is being provided to support PATH eligible activities. State funds are dispersed at the start of the state's fiscal year, July 1st. Contracts with the CSA's are executed prior to the start of the State's Fiscal Year. Since funds are dispersed at the start of the state's fiscal year, PATH funds are available prior to the beginning of the PATH grant period.

10. Describe the process for providing public notice to allow interested parties, such as family members, persons who are PATH-eligible, and mental health, substance abuse, and housing agencies, and the general public to review the proposed use of PATH funds including any subsequent revisions to the application. Describe opportunities for these parties to present comments and recommendations prior to the submission of the State PATH application to SAMSHA.

MHA utilizes the CSA's to notify the public, consumers, family and interested agencies about the availability of PATH funds and for comments regarding the PATH application. Information regarding the availability of PATH funds is submitted to the CSA's and other public and private agencies. All applications for PATH funding come through the CSA. CSA's also have focus meetings to develop their local mental health plan and annual update reports. During the focus groups gaps and needs are identified, strategies are developed related to the gaps and needs in mental health services. Participants in these focus groups include consumers, advocates, mental health providers, transportation, corrections, mental health advisory boards, developmental disabilities, juvenile justice, Department of Social Services, parole and probation, the Department of Education, other local government agencies, and may include PATH providers.

Information is also available through a pre-application meeting held by the State PATH Director with PATH providers, CSAs, or those who are interested in applying for funding. Prior to the submission of the state's PATH application to SAMHSA, a copy of the application was posted on MHA's website for review and comments. After the submission the State's PATH application it is available to the public upon request from the State's Clearinghouse.

MHA also has a Maryland Advisory Council on Mental Hygiene. The Maryland Advisory Council was created in 1976 to advise the Mental Hygiene Administration on the provision of services to citizens with mental illness and to "be a strong advocate of a comprehensive, broad-based approach to the social, economic, and medical problems of mental hygiene". The Council was expanded in 1989 to comply with the composition requirements of PL 99-660 and subsequently PL 102-321. The Council is designed as the Maryland Advisory Council of Mental Hygiene/PL 102-321 Planning Council and is often referred to as the Joint Council. The Joint Council meets monthly. Its membership is composed of consumers, family members of persons with psychiatric disorders, mental health professionals, representatives from various agencies that serve individuals with psychiatric disorders, and other citizens interested in the State's mental health delivery system.